

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155794</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/28/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>STRATFORD RETIREMENT LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2460 GLEBE ST</b> <b>CARMEL, IN 46032</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS  Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 04/30/14 was completed on 05/28/14.  Review Date: 05/28/14  Facility Number: 011151 Provider Number: 155794 AIM Number: NA  Surveyor: Dennis Austill, Life Safety Code Supervisor  Based on review of the Fire Safety Evaluation System (FSSES) Survey conducted on 05/16/2014, Stratford Retirement LLC was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC and 410 IAC 16.2.	{K 000}			
{K 039} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4	{K 039}		5/16/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 039}	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 2 exit access corridors had a clear and unobstructed exit width of at least 8 feet (96 inches). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and the Director of Facility Services during a tour of the facility from 12:50 p.m. to 2:30 p.m. on 04/30/14, the second floor Assisted Living exit access corridor measured five feet, four inches (64 inches) in clear width. The second floor Assisted Living exit access corridor provides one of two paths of egress from the second floor health care area since the elevator should not be used during a fire emergency. Based on interview at the time of observation, the Administrator and the Director of Facility Services acknowledged the second floor Assisted Living exit access corridor did not have a clear and unobstructed width of at least 8 feet (96 inches).</p> <p>3.1-19(b)</p>	{K 039}	Correction Obviated - Passed FSES		